Building Department, 70 Tapley Street, Springfield MA 01104 **Please Print Clearly**

| No | • • • • | | | | k PlanStree s Above This Lin | t/Parcel e**** |
|------------|------------|--------------------------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------|
| | | | n For One | _ | mily Dwelling | |
| | | Wetlands | (Y or N) | Q | 3.6 | 20 |
| * 1 | l. | Street and No | | | | 20 |
| • 2 | 2. | Owner's NameAddress_ | | | | |
| 3. | | | | | | |
| | 3. | Architect's Name | | Address | | |
| | | City | State | Zip | Tel | |
| * 4. | 1. | Contractor's Name | | Address | | |
| | | Tel | Lic. No | Sig | nature of Licensee | |
| 5 | 5. | | | | | |
| | 5 . | | | | | Stories |
| | 7. 3. | | | | | Alterations of Line |
| | • | Distance of Building or Structure From: Front Lot Line Left Lot Line Rear Lot Line | | | | |
| 9 | €. | Material of Ext. Walls | Masonry | Wood | MetalOther | |
| | | Material of Floors Material of Roof Fram | Grade Floor_ ing Wood | Steel | _Other FloorsPrec | act |
| 1 | 10. | Type of Soil | | | | |
| | | If a Multi-Residence, How Many Units | | | | |
| 1 | 12. | Depth of Footings Below Gradeft. Will Piles Be Used | | | | |
| 14. 15. | 13. | Type of Roof—Flat | Pit | chMaterial of Roof Covering | | |
| | 14. | Method of Heating | | | | |
| | 15. | Are All Structural Conditions Noted on Drawings | | | | |
| | 16. | Is Building Equipped V | With Suppression Sy | vstem | stemWhat Type | |
| 1 | 17. | How Many Exits (per j | floor) to Street | | | |
| 1 | 18. | Building is Handicappe | ed Accessible | | Will Be | |
| 1 | 19. | Is Building Equipped With Handicapped Toilet Facilities | | | | |
| 20 | 20. | Will the Building Conform to MA State Building Code Energy Conservation Requirements | | | | |
| • 2 | 21. | Will the Building Conform to the Building CodeZoning Ordinances | | | | dinances |
| 22. | 22. | Estimated Costs: General | | The undersigned certifies that the above statements are true to the best of his knowledge and belief. | | |
| | | Plumbing Gas Piping Sprinklers Mechanical Electrical TOTAL \$ | | * (signature of owner, architect or engineer) * DESCRIPTION OF WORK TO BE DONE * DESCRIPTION OF DISPOSAL OF WASTE MATERIALS | | |
| | | RT DATE: ———————————————————————————————————— | | | | |